

# Kingfisher County Community Health Improvement Plan 2022 - 2027

July 11, 2022

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# Introduction



The Kingfisher Community Collaborative (KCC) completed its first Community Health Improvement Plan (CHIP) on December 14, 2020. During a difficult five-year period, the county's health ranking slipped from 1st (best) to 7th.<sup>1</sup> Key public health measures worsened, including adult smoking prevalence and obesity.

There were improvements in adult heavy drinking, heart disease mortality, stroke mortality, and fruit and vegetable consumption. Teen fertility improved by 52%. Kingfisher County was still among the 10 healthiest counties with better rates than the state in many health indicators including: unemployment, high school dropouts, poverty, food access, cardiovascular disease mortality and cancer mortality.

With this experience, KCC committed to a second round of strategic planning. It again used the Mobilizing for Action through Planning and Partnerships (MAPP) framework as a guide to conducting a new Community Health Assessment (CHA). The CHA provided a view of current health factors, both real and perceived, that influenced Kingfisher County's health. After reviewing the data, seven elements were identified for further consideration:

- **Mental Health, Including Suicide and Opioids**
- **Smoking and Tobacco Use**
- **Obesity and Diabetes**
- **Cardiovascular Disease Mortality**
- **Cancer Mortality**
- **Child Abuse and Neglect**
- **COVID-19**

After further consideration and discussion, KCC chose the following strategic issues for this CHIP:

- **Mental Health, Including Suicide and Opioids**
- **Obesity**
- **Child Abuse and Neglect**
- **Smoking and Tobacco Use**
- **COVID - 19**

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1. County Health Rankings & Roadmaps. Oklahoma: Kingfisher. [Website]. Retrieved from <https://www.countyhealthrankings.org/app/oklahoma/2021/rankings/kingfisher/county/outcomes/overall/snapshot>.

# Kingfisher County<sup>2</sup>



Bordered by Major and Garfield Counties on the north, Logan on the east, Canadian on the south, and Blaine on the west, Kingfisher County is crossed by U.S. Highway 81 north-south and by State Highway 33/3 and 51 east-west. The Cimarron River slices diagonally through the county, entering near the northwest corner and exiting into Logan County at midboundary.

The opening of the Unassigned Lands or Oklahoma District to non-Indian settlement on April 22, 1889, brought settlers to the region. Kingfisher town quickly grew up. Various explanations exist for the appellation "Kingfisher." It may have memorialized a rancher named David King Fisher, who operated north of town and gave his name to the creek; or nearby settlers King and Fisher may have been memorialized in a combined word. Or a rancher named John Fisher and his nephew, first name King, may be honored; in this version, Uncle John Creek is named for Fisher.

Created as a county in Oklahoma Territory in the Organic Act of May 2, 1890, the area originally consisted of sixteen full townships and two partial townships lying northeast of the Cimarron River and west of the 98th Meridian. The county's northern border was the south line of the Cherokee Outlet. Thus, the present boundaries include a strip approximately one-quarter mile deep in Township 20 North, Ranges 9 through 5 West. The county's area was increased pending the opening of the Cheyenne and Arapaho country in April 1892. Seven full townships and two partial townships (southwest of the Cimarron River and west of the 98th Meridian, as established by the 1858/1870 surveys) were added on the west, bringing the total area to 906 square miles. As specified in the Organic Act, the county was called County Five, the number reflecting the counties created from the Unassigned Lands, and Kingfisher City was named the county seat. Also as directed by the legislation, on August 5, 1890, during the first election for territorial representatives from County Five voters overwhelmingly selected "Kingfisher" as the county's name, over "Hennesey" (correct spelling) and "Harrison."

By the time of 1907 statehood Kingfisher County registered 18,010 inhabitants in the census. Their primary occupations were farming, stock raising, and retail merchandising. There were five flour mills and ten grain elevators. Kingfisher was the seat of county government, whose officers leased the Central Hotel for their headquarters until a three-story, brick courthouse was constructed in 1892 by William Grimes and Abraham J. Seay.

Throughout its existence Kingfisher County's economy has been anchored in agricultural production. The history of farms and farming in the region is a typical tale of farm consolidation over a long period. Through the twentieth and into the twenty-first century wheat and rye remained the two largest crops, in 2002 producing 5.2 million bushels and 448,445 bushels, respectively. Oil prospecting in the mid-1920s brought additional prosperity and a new economic stimulus. The activity was most prevalent around Hennessey, Cashion, and Dover.

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2. Dianna Everett, "Kingfisher County," *The Encyclopedia of Oklahoma History and Culture*, <https://www.okhistory.org/publications/enc/entry?entry=K1012>.

# Demographics

Demographics - Estimates	Oklahoma	%	Kingfisher County	%
<b>Total Population</b>	3,949,342		15,811	
<b>Age<sup>3</sup></b>				
19 years and under	1,062,437	26.9	4,525	28.6
20 - 64 years	2,267,710	57.4	8,774	55.4
65 + years	619,195	15.7	2,512	15.9
<b>Gender<sup>3</sup></b>				
Male	1,956,617	49.5	7,866	49.8
Female	1,992,725	50.5	7,945	50.2
<b>Race/Ethnicity<sup>3</sup></b>				
White	2,809,793	71.1	13,304	84.1
Hispanic or Latino	431,467	10.9	2,610	16.5
African American	287,856	7.3	209	1.3
Asian	87,033	2.2	299	1.9
American Indian & Alaska Native	303,791	7.7	338	2.1
Native Hawaiian & Pacific Islander	6,418	0.2	29	0.2
Other	109,614	2.8	722	4.6
Identified by two or more	344,837	8.7	910	5.8
<b>Selected Economic Characteristics<sup>4</sup></b>				
Mean household income (dollars)	74,195	X	86,467	X
Median household income (dollars)	53,840	X	61,738	X
Mean travel time to work (minutes)	22.0	X	19.7	X
Percent unemployed	3.1	X	2.4	X

3. U.S. Census Bureau, 2020: American Community Survey 5-Year Estimates, DP05.

4. U.S. Census Bureau, 2020: American Community Survey 5-Year Estimates, DP03.

# Public Health Strategic Issues

## Issue One:

### Mental Health, Including Suicide and Opioids

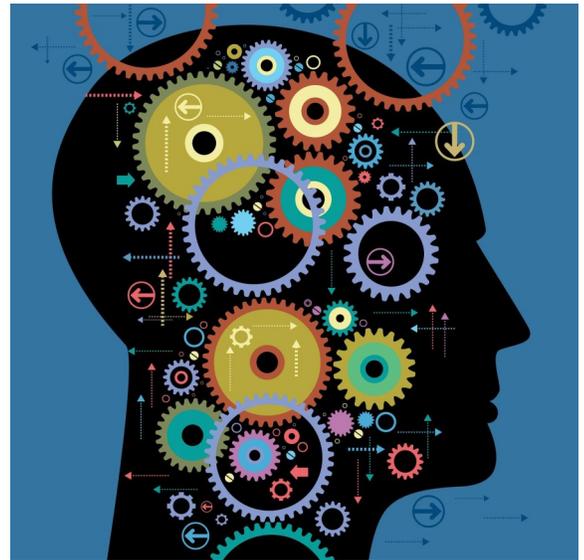
A mental illness is a disorder that causes mild to severe disturbances in thinking, perception, mood, or behavior. If these disturbances significantly affect a person's ability to cope with life's ordinary demands and routines, then he/she should immediately seek proper treatment with a mental health professional. With proper care and treatment, a person can recover and resume normal activities.<sup>5</sup>

In 2020, suicide was the 12th leading cause of death for all ages in the United States, changing from the 10th leading cause in 2019 due to the emergence of COVID-19 deaths and increases in deaths from chronic liver disease and cirrhosis. As the 2nd leading cause of death in people aged 10-34 and the 5th leading cause in people aged 35-54, suicide is a major contributor to premature mortality. Suicide rates increased from 2000 to 2018, but recent data have shown declines between 2018 and 2020. The overall suicide rate increased 30% between 2000 and 2020.<sup>6</sup>

The misuse and abuse of alcohol, tobacco, illicit drugs, and prescription medications affect the health and well-being of millions of Americans. Among people aged 12 or older in 2020, 3.4% (or 9.5 million people) misused opioids in the past year. Among them, 9.3 million misused prescription pain relievers and 902,000 used heroin.<sup>7</sup>

Of the more than 700 unintentional poisoning deaths in Oklahoma each year, six out of ten involve at least one prescription drug. Prescription opioids are the most common class of drugs involved, being present in 85% of those deaths. More overdose deaths involve prescription opioids than all illicit drugs combined.<sup>8</sup>

In the Community Themes and Strengths Assessment, Kingfisher County residents identified "mental health including suicide and opioids" as a top health concern in their community. The latest data from



OK2SHARE indicated Kingfisher County's suicide mortality rate was 15.7 per 100,000 population (age-adjusted). This was a 23% improvement from the previous year.

OK2SHARE data indicated that Kingfisher County's mortality rate for accidental poisoning was suppressed due to lack of events (good news!).

5. General Information About Mental Illness. (2022). Oklahoma Department of Mental Health and Substance Abuse Services, Library: Learning Center, <https://oklahoma.networkofcare.org/mh/nimh/index.aspx?content=signlanguage5&language=signlanguage>.
6. Garnett MF, Curtin SC, Stone DM. Suicide mortality in the United States, 2000-2020. NCHS Data Brief, no 433. Hyattsville, MD: National Center for Health Statistics. 2022. DOI: <https://dx.doi.org/10.15620/cdc:114217>.
7. U.S. Department of Health & Human Services/Substance Abuse and Mental Health Services Administration. (2022). *Alcohol, Tobacco, and Other Drugs*. <https://www.samhsa.gov/find-help/atod>.
8. Overdose Prevention. (2022). Oklahoma State Department of Health, Injury Prevention Service, Drug Overdose, <https://oklahoma.gov/health/prevention-and-preparedness/injury-prevention-service/drug-overdose.html>.

# Mental Health

## Objectives:

- By 2027, decrease suicide rate from 15.7 per 100,000 population (age-adjusted) to 14.13. (Represents a 10% improvement; as reported by the Oklahoma State Department of Health OK2SHARE) **Accomplished 7/7/2023**
- Through 2027, maintain accidental poisoning mortality at a suppressed level. (As reported by the Oklahoma State Department of Health OK2SHARE)

**Strategy 1:** Increase the proportion of people with substance use and mental health disorders who get treatment for both. *(Healthy People 2030 Mental Health and Mental Disorders-07; Oklahoma Department of Mental Health and Substance Abuse Services)*

**Strategy 2:** Strengthen community and cultural connections to increase awareness of mental health issues. *(Healthy People 2030 Community - ECBP-Do7; Healthy People 2030 Health Communication - HC/HIT-R01)*

**Strategy 3:** Promote community training for recognizing and responding to those at risk.

- Promote awareness of Youth Crisis Mobile Response, 988 Crisis Line (replacing the 11-digit suicide prevention number), Oklahoma 2-1-1, Mental Health First Aid, Question Persuade Refer, Talk Saves Lives, and other programs advocating mental health and suicide awareness, recognition, and response.

**Lead Organizations:**

- Red Rock Behavioral Health Services
- Evolution Foundation
- Mercy Hospital Kingfisher
- Sooner SUCCESS
- NorthCare
- Kingfisher County Health Department

**Policy Changes Needed:** None

**Resources:**

- Existing providers
- Counseling agencies
- School counseling and school programs
- Law enforcement

**Barriers:**

Lack of providers

Lack of funding

Difficulties with local transportation providers

Lack of knowledge of available resources

Parenting

Heredity

Domestic violence

Substance abuse

Obesity

Stigma

Poverty

Accessibility to medications

Noncompliance with medications

# Obesity

Obesity is a common, serious, and costly chronic disease. Many factors can contribute to gaining too much weight including eating patterns, physical activity levels, sleep routines, genetics, and certain medications. The conditions in which we live, work, and play also matter. Child care and school environments, community design, access to healthy, affordable foods and beverages, and access to safe and convenient places for physical activity affect our ability to make healthy choices. Obesity is serious because it is associated with poorer mental health outcomes and reduced quality of life. In the United States and worldwide, obesity is also associated with the leading causes of death, including deaths from diabetes, heart disease, stroke, and some types of cancer.<sup>9</sup>

Diabetes is a chronic health condition that affects how your body turns food into energy. Food is broken down into sugar and released into the bloodstream. When blood sugar levels go up, the pancreas releases insulin which acts like a key to let blood sugar into the body's cells for use as energy. Diabetes is when the body either doesn't make enough insulin or can't

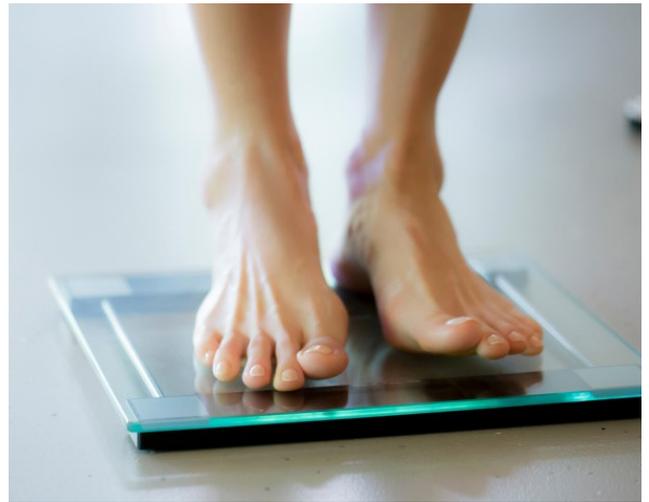
use the insulin it makes as well as it should. The result is too much blood sugar staying in the bloodstream. Over time, this can cause serious health problems such as heart disease, vision loss, and kidney disease. Losing weight, eating healthy food, and being active can manage diabetes.<sup>10</sup>

"Heart disease" refers to several types of heart conditions. High blood pressure, high blood cholesterol, and smoking are key risk factors for heart disease. Several other medical conditions and lifestyle choices can also put people at higher risk for heart disease, including: diabetes, obesity, unhealthy diet, physical inactivity, and excessive alcohol use.<sup>11</sup>

Obesity is linked with a higher risk of getting 13 types of cancer that makes up 40% of all cancers diagnosed in the United States each year.<sup>12</sup>

OK2SHARE data indicated the following for Kingfisher County:

- Adult obesity prevalence - 38%.



- Diabetes prevalence - 14.1%.
- Diabetes mortality - 38.6 per 100,000 population (age-adjusted).
- Major cardiovascular diseases mortality - 212.6 per 100,000 population (age-adjusted).
- Cancer mortality - 155.2 per 100,000 population (age-adjusted). This rate is not specific to the 13 types of cancer linked to obesity.

9. Obesity Basics. (Page last reviewed: April 7, 2022). Centers for Disease Control and Prevention, Overweight & Obesity, <https://www.cdc.gov/obesity/basics/index.html>

10. What is Diabetes? (Page last reviewed: December 16, 2021). Centers for Disease Control and Prevention, Diabetes, <https://www.cdc.gov/diabetes/basics/diabetes.html>

11. About Heart Disease. (Page last reviewed: September 27, 2021). Centers for Disease Control and Prevention, Heart Disease, <https://www.cdc.gov/heartdisease/about.htm>.

12. Obesity and Cancer. (Page last reviewed: February 18, 2021). Center for Disease Control and Prevention, Cancer, <https://www.cdc.gov/cancer/obesity/>

# Obesity

## Objectives:

- By 2027, decrease rate of adult obesity from 38% to 34.2%. (Represents a 10% improvement; cross cutting with COVID-19; as reported by the Oklahoma State Department of Health)
- By 2027, decrease rate of diabetes prevalence from 14.1% to 12.69%. (Represents a 10% improvement; as reported by the Oklahoma State Department of Health)
- By 2027, decrease diabetes mortality from 38.6 per 100,000 population (age-adjusted) to 34.74. (Represents a 10% improvement; as reported by the Oklahoma State Department of Health OK2SHARE)
- By 2027, decrease major cardiovascular diseases mortality from 212.6 per 100,000 population (age-adjusted) to 191.34. (Represents a 10% improvement; cross cutting with Smoking and Tobacco Use; as reported by the Oklahoma State Department of Health OK2SHARE)
- By 2027, decrease cancer mortality from 155.2 per 100,000 population (age-adjusted) to 139.68. (Represents a 10% improvement; cross cutting with Smoking and Tobacco Use; as reported by the Oklahoma State Department of Health OK2SHARE. This rate is not specific to the 13 types of cancer linked to obesity.)

**Strategy 1:** Pass policy and shape environments to promote healthy eating and physical activity. *(Healthy People 2030 Nutrition and Healthy Eating Workplace - ECBP-Do5; Healthy People 2030 Physical Activity Workplace - ECBP-Do4)*

**Strategy 2:** Promote Certified Healthy Oklahoma program to provide guidance and recognition to organizations working to promote healthy environments. *(Healthy People 2030 Nutrition and Healthy Eating Workplace - ECBP-Do5; Healthy People 2030 Physical Activity Workplace - ECBP-Do4)*

**Strategy 3:** Promote Oklahoma State University's Family and Consumer Sciences program offered at their Kingfisher Extension Office. The program focuses on issues that affect daily lives including: Health, Hunger, Environment, Finances, Family Breakdown, Jobs and Employment, Resilience, Risky Behaviors, Safety, and Agricultural Science. The goal is to help families develop in safe and healthy ways. *(Healthy People 2030 Social and Community Context Health Communication - HC/HIT-Ro1)*

**Strategy 4:** Promote the continued development of Kingfisher Trails. *(Healthy People 2030 Neighborhood and Built Environment Physical Activity - PA-10 and PA-11)*

<b>Lead Organizations:</b>	<p>Kingfisher County Health Department</p> <p>OSU Extension Office</p> <p>City of Kingfisher</p>
<b>Policy Changes Needed:</b>	<p>Increase in number of Certified Healthy Oklahoma institutions</p>
<b>Resources:</b>	<p>Kingfisher County Health Department health education and community engagement assets</p> <p>Compassion Clinic for diabetes medications</p> <p>OSU Extension Office</p> <p>Kingfisher Trails at <a href="https://www.kingfisher.org/experience-kingfisher/kingfisher-trails/">https://www.kingfisher.org/experience-kingfisher/kingfisher-trails/</a></p>
<b>Barriers:</b>	<p>Culture</p> <p>Increasing rates of obesity and tobacco use</p> <p>High rates of diabetes prevalence and mortality</p> <p>Low access to grocery stores</p> <p>Low access to healthy food options</p> <p>Poverty and economic downturn</p> <p>Limited access to affordable physical activity opportunities</p> <p>Lack of specialty services and clinics (ex., mammography screenings are not available in Kingfisher County)</p>

## Issue Three:

# Child Abuse and Neglect<sup>13, 14</sup>

Child abuse and neglect are serious public health problems and adverse childhood experiences (ACEs). They can have long-term impacts on health, opportunity, and wellbeing. This issue includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role that results in harm, the potential for harm, or threat of harm to a child. There are four common types of abuse and neglect:

- **Physical abuse** is the intentional use of physical force that can result in physical injury.
- **Sexual abuse** involves pressuring or forcing a child to engage in sexual acts.
- **Emotional abuse** refers to behaviors that harm a child's self-worth or emotional well-being.
- **Neglect** is the failure to meet a child's basic physical and emotional needs.

Experiencing poverty can place a lot of stress on families, which may increase the risk for child abuse and neglect. Rates of child abuse and neglect are 5 times higher for children in families with low socioeconomic status. According to the U.S. Census Bureau's 2020 American Community

Survey 5-Year Estimates, Kingfisher County's poverty rate was 10.3%.<sup>15</sup>

Children who are abused and neglected may suffer immediate physical injuries such as cuts, bruises, or broken bones. They may also have emotional and psychological problems, such as anxiety or posttraumatic stress. Over the long term, children who are abused or neglected are also at increased risk for experiencing future violence victimization and perpetration, substance abuse, sexually transmitted infections, delayed brain development, lower educational attainment, and limited employment opportunities. Chronic abuse may result in toxic stress, which can change brain development and increase the risk for problems like posttraumatic stress disorder and learning, attention, and memory difficulties.

The Oklahoma Department of Human Services maintains a 24-hour statewide, centralized child abuse and neglect hotline to take reports regarding



children, younger than 18 years old, believed to be victims of abuse, neglect or both. In FY21, the hotline received more than 76,000 calls.

According to the latest data obtained from the Oklahoma Department of Human Services, the number of confirmed child abuse and neglect cases in SFY2021 for Kingfisher County was 44. This was a 15% improvement from SFY2020. Figure 1 demonstrates that, over the past seven years, the trend for confirmed child abuse and neglect cases has improved.

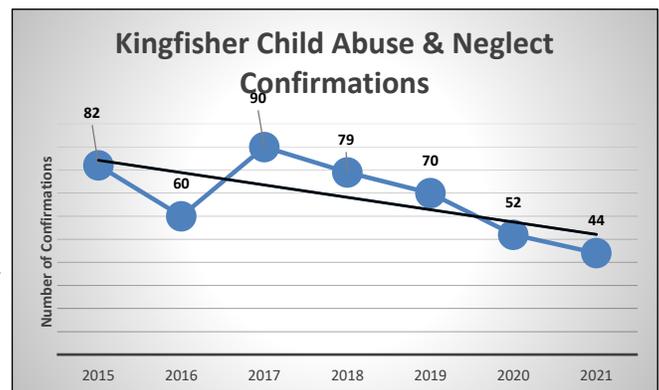


Figure 1. Kingfisher Child Abuse & Neglect Confirmations. Data taken from OKDHS.

13. Fast Facts: Preventing Child Abuse & Neglect. (Page last reviewed: April 6, 2022). Centers for Disease Control and Prevention, Violence Prevention, Child Abuse & Neglect, <https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html>

14. Oklahoma Human Services. (2022). Library. <https://oklahoma.gov/okdhs/library.html>

15. Kingfisher County, Oklahoma, American Community Survey 5-Year Estimates. (2020). United States Census Bureau.

# Child Abuse and Neglect

## Objectives:

- By 2027, decrease the number of child abuse and neglect confirmations from 44 to 41. (Continuation of trend demonstrated in Figure 1; as reported by the Oklahoma Department of Human Services)
- By 2027, decrease poverty rate from 10.3% to 9%. (Represents an approximate 10% improvement; as reported by the United States Census Bureau American Community Survey 5-Year Estimates)

**Strategy 1:** Promote Children First Program where nurse home visitors work with low-income, first time mothers to promote health during pregnancy, care of their child, and personal growth and development; improve families' economic self-sufficiency. *(Healthy People 2030 Children - IVP-16)*

**Strategy 2:** Network with Oklahoma Works, Chisholm Trail Technology Center, OSU Extension, and Kingfisher County chambers of commerce to promote employment opportunities. *(Healthy People 2030 Economic Stability - SDOH-02)*

**Strategy 3:** Facilitate the provision of Bridges Out of Poverty workshops to the community. *(Healthy People 2030 Economic Stability - SDOH-01)*

**Strategy 4:** Promote, assist and facilitate programs offered by organizations, such as Youth & Family Services Inc., that support children, youth, and families in crisis. *(Healthy People 2030 Children - IVP-Do3)*

**Lead Organizations:** Kingfisher Community Collaborative  
Kingfisher County Health Department  
Youth & Family Services, Inc.

**Policy Changes Needed:** None

**Resources:**

Oklahoma Department of Human Services  
Kingfisher County Health Department's Children First Program  
Chisolm Trail Technology Center  
OSU Extension  
Kingfisher County Multidisciplinary Child Abuse Response Team  
Kingfisher County law enforcement agencies  
Chambers of commerce in Kingfisher County

**Barriers:**

Poverty  
Lack of service providers  
Homelessness

# Smoking and Tobacco Use

Smoking leads to disease and disability and harms nearly every organ of the body. Cigarette smoking remains the leading cause of preventable disease, disability, and death in the United States. The tobacco industry spends billions of dollars each year on marketing cigarettes. Smoking costs the United States hundreds of billions of dollars each year. In 2020, 12.5% of U.S. adults (an estimated 30.8 million people) currently smoked cigarettes: 14.1% of men, 11% of women. Each day, about 1,600 youth try their first cigarette. Many adult cigarette smokers want to quit smoking.<sup>16</sup>

Smokeless tobacco is associated with many health problems. Using smokeless tobacco:

- Can lead to nicotine addiction
- Causes cancer of the mouth, esophagus, and pancreas
- Is associated with diseases of the mouth
- Can increase risks for early delivery and stillbirth when used during pregnancy

- Can cause nicotine poisoning in children
- May increase the risk for death from heart disease and stroke<sup>17</sup>

Electronic cigarettes (e-cigarettes) have been the most commonly used tobacco product among youth since

2014. In 2021, about 1 out of every 35 middle school students (2.8%) reported using e-cigarettes in the past 30 days; 1 out of every high school students (11.3%) reported the same.<sup>18</sup>

In 2019, 30.8% of Oklahoma high school youth reported currently using any tobacco product, including e-cigarettes. Among Oklahoma high school youth, 9.1% reported currently smoking cigarettes.<sup>6</sup> Other Oklahoma key facts reported by the CDC include:<sup>19</sup>

- \$1.6 million was received from CDC for tobacco prevention and control activities in FY2020
- 18.9% of adults smoked cigarettes



in 2019

- 7,500 adults die from smoking-related illnesses each year
- \$1.6 billion was spent on healthcare costs due to smoking in 2009

The most recent data reports Kingfisher County's Smoking Prevalence at 23.4%. This was higher than the state rate of 19.7%. Kingfisher County's rate has increased (worsened) for four consecutive years. During the same period, cancer mortality and cardiovascular disease mortality also increased.<sup>20</sup>

16. Fast Facts and Fact Sheets. (Page last reviewed: March 17, 2022). Centers for Disease Control and Prevention, Smoking & Tobacco Use, [https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/index.htm?s\\_cid=osh-stu-home-spotlight-001](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/index.htm?s_cid=osh-stu-home-spotlight-001).

17. Smokeless Tobacco: Health Effects. (Page last reviewed: August 13, 2020). Centers for Disease Control and Prevention, Smoking & Tobacco Use, [https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/smokeless/health\\_effects/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/smokeless/health_effects/index.htm).

18. Youth and Tobacco Use (Page last reviewed: March 10, 2022). Centers for Disease Control and Prevention, Smoking & Tobacco Use, [https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/youth\\_data/tobacco\\_use/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm).

19. Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion. <https://www.cdc.gov/tobacco/about/osh/state-factsheets/oklahoma/>. Page last reviewed: March 31, 2021.

20. Center for Chronic Disease Prevention and Health Promotion, Oklahoma State Department of Health. 2020 Wellness County Profile: Kingfisher County.

# Smoking and Tobacco Use

## Objectives:

- By 2027, decrease rate of adult smoking prevalence from 23.4% to 19.7%. (the state rate; cross cutting with COVID-19; as reported by the Oklahoma State Department of Health) *(Healthy People 2030 Tobacco Use - TU-01, TU-02, TU-03)*
- By 2027, decrease major cardiovascular diseases mortality from 212.6 per 100,000 population (age-adjusted) to 191.34. (Represents a 10% improvement; cross cutting with Obesity; as reported by the Oklahoma State Department of Health OK2SHARE)
- By 2027, decrease cancer mortality from 155.2 per 100,000 population (age-adjusted) to 139.68. (Represents a 10% improvement; cross cutting with Obesity; as reported by the Oklahoma State Department of Health OK2SHARE. This rate is not specific to the 13 types of cancer linked to obesity.) *(Healthy People 2030 Tobacco Use - C-02)*

**Strategy 1:** Promote/facilitate referrals to Oklahoma Tobacco Helpline. *(Healthy People 2030 Tobacco Use - TU-11 and TU-14)*

**Strategy 2:** Promote certification at the level of Excellence through Certified Healthy Oklahoma. Excellence requires the institution to have a tobacco free policy. *(Healthy People 2030 Tobacco Use - ECBP-Do6)*

**Strategy 3:** Promote and facilitate Tobacco Settlement Endowment Trust (TSET) Healthy Living Program administered by Kingfisher County Health Department. *(Healthy People 2030 Tobacco Use - ECBP-Do6)*

**Lead Organizations:** Kingfisher County Health Department

**Policy Changes Needed:** Increase number of Certified Healthy Oklahoma institutions certified as Excellent.

**Resources:** Kingfisher County Health Department Healthy Living Program, made possible by funding from the Tobacco Settlement Endowment Trust  
ODMHSAS Wellness Coach

**Barriers:** Culture  
Lack of knowledge and resources  
Money  
Youth cessation / treatment  
Lack of specialty services and clinics (ex., mammography screenings are not available in Kingfisher County)

# COVID-19

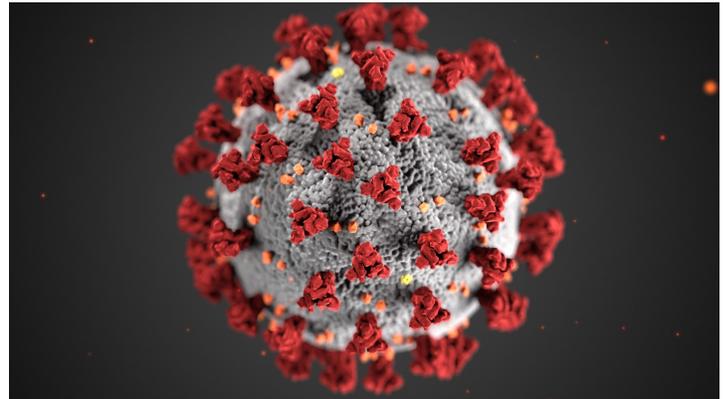
Coronavirus disease 2019 (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). It was first identified in December 2019 in Wuhan, the capital of China's Hubei Province. It spread globally, resulting in a coronavirus pandemic. Symptoms include fever, cough, and shortness of breath. While most cases report mild to no symptoms, some progress into severe pneumonia and multi-organ failure, potentially leading to death. The risk of death for those contracting COVID-19 increase for those above age 65 and for those with one or more comorbidities such as:<sup>21</sup>

- Obesity
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease (COPD) and Bronchiectasis
- Neurocognitive Disorders
- Coronary Atherosclerosis and Other Heart Disease

It is worth noting that the above listed comorbidities intersect with other CHIP Strategic Issues. Obesity is Issue Two. The main risk factors for chronic kidney disease are diabetes, high blood pressure and heart disease, all associated with obesity (Issue Two)

and tobacco use (Issue Four). COPD is caused in large part by smoking (Issue Four). Risk factors for neurocognitive disorders include smoking, high blood pressure and diabetes (Issues Two and Four). Risk factors for coronary atherosclerosis and other heart diseases include being overweight, being physically inactive, unhealthy eating, and smoking (Issues Two and Four).

On January 11, 2020, the first cases of COVID-19 were detected in the United States. The first case in Oklahoma was confirmed March 6, 2020. The first cases in Kingfisher County were confirmed on March 21, 2020. As of June 1, 2022, there were a cumulative total of 1,051,070 cases in Oklahoma with 16,140 provisional deaths.<sup>22</sup> Kingfisher County had a cumulative total of 4,193 cases with 71 deaths. The state's incidence rate was 6,521.2 per 100,000 population, its mortality rate was 188 per 100,000 population (both age-adjusted). Kingfisher County's incidence rate was 6,754.4, its mortality rate was



233.9.<sup>23</sup> Given that Kingfisher County's rates of adult obesity and adult smoking prevalence have increased in recent years, it "makes sense" that the county's rates of COVID transmission and mortality would be higher than the state's.

The COVID-19 Pandemic effected the day-to-day routines of every aspect of life. Even as the discussion turns to endemic considerations, there are still concerns of new viral strains, reoccurring surges of transmission, and best ways of mitigation. It appears that COVID-19 will continue to be an issue for the foreseeable future and should be considered in public health strategic planning efforts.

21. Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19: Information for Healthcare Professionals. (Page last reviewed: Feb 15, 2022). Centers for Disease Control and Prevention, COVID-19, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html>.

22. Situation Update: COVID-19. (June 2, 2022). Oklahoma State Department of Health Media Advisory.

23. Oklahoma State Department of Health (OSDH), Acute Disease Service and Center for Health Statistics 2020 to 2022, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share> on 02JUN2022:13:11:02.

# COVID-19

## Objectives:

- By 2027, decrease COVID-19 mortality rate from 233.9 per 100,000 population (age-adjusted) to 188. (the state rate; as reported by the Oklahoma State Department of Health OK2SHARE) *(Healthy People 2030 Tobacco Use - TU-01, TU-02, TU-03)* **Accomplished 4/27/2023**
- By 2027, decrease COVID-19 incidence rate from 6,754.4 per 100,000 population (age-adjusted) to 6,521.2. (the state rate; as reported by the Oklahoma State Department of Health OK2SHARE)
- By 2027, decrease rate of adult obesity from 38% to 34.2%. (Represents a 10% improvement; cross cutting with Obesity; as reported by the Oklahoma State Department of Health)
- By 2027, decrease rate of adult smoking prevalence from 23.4% to 19.7%. (the state rate; cross cutting with Smoking and Tobacco Use; as reported by the Oklahoma State Department of Health) *(Healthy People 2030 Tobacco Use - TU-01, TU-02, TU-03)*

**Strategy 1:** Pursue performance objectives and implement strategies for Issue 2: Obesity. Inform public of added benefit of COVID-19 transmission protection. *(Healthy People 2030 Tobacco Use - TU-11 and TU-14)*

**Strategy 2:** Pursue performance objectives and implement strategies for Issue 4: Smoking and Tobacco Use. Inform public of added benefit of COVID-19 transmission protection. *(Healthy People 2030 Tobacco Use - ECBP-Do6)*

**Strategy 3:** Support and promote community partners who provide vaccination and treatment services. *(Healthy People 2030 Community - ECBP-Do7)*

**Strategy 4:** Support and promote community partners who provide testing, vaccination and treatment services. *(Healthy People 2030 Community - ECBP-Do7)*

**Strategy 5:** Educate the public about "COVID-19 Everyday Prevention Actions" as provided/updated by the Centers for Disease Control and Prevention.

**Lead Organizations:** Kingfisher County Health Department  
Mercy Hospital Kingfisher County  
Rural Health Projects, Inc.

**Policy Changes Needed:** None.

**Resources:** Kingfisher County Health Department testing and vaccination  
Kingfisher County Health Department mobile clinics  
Mercy Hospital Kingfisher County testing and vaccination  
Rural Health Projects, Inc. COVID-19 Vaccine Confidence program

**Barriers:** COVID fatigue  
Lack of trust in government

# Conclusion

Kingfisher County has faced some challenges over the past few years. Developments in the energy industry has had a negative impact on the local economy. This caused a shift in the employment environment and likely created extra stresses for a number of residents. And to go along with all of this was the COVID-19 Pandemic and all of the anxiety and uncertainty that came with it. This may have contributed to the increases in obesity and smoking. The County Health Rankings & Roadmaps also reported stagnation in the county's trends of unemployment, children in poverty, and violent crime, and reported trends getting worse in alcohol-impaired driving deaths and sexually transmitted infections. Ultimately, the county's health ranking dropped from 7th to 9th.

However, it is not all bad news. Kingfisher County remained within the top 10 healthiest counties in Oklahoma. Its trends improved for premature death, uninsured, primary care physicians, dentists, preventable hospital stays, mammography screening, flu vaccinations, uninsured adults, and uninsured children. There were also improvements in the county's suicide rate, drug-related arrests, cardiovascular disease mortality, cancer mortality, and child abuse and neglect confirmed cases. There continues to be robust commerce. Other energy sectors in wind and solar are looking to locate operations in the county. And there are a number of ongoing quality-of-life enhancement projects that include flood control, parks, and walking trails.

One of the benefits of developing a community strategic plan; and that is what this CHIP is; is to help identify and focus on factors in the community that have the greatest impact on its health. Then the community can work to facilitate the good things and mitigate the bad things. Since different sectors of the community have different missions to accomplish, it's important that a diverse collection of community sectors come together to address equally diverse community health issues. KCC knows this, it has served as the community sector collection point in Kingfisher County since 1997. KCC has a 25-year proven history of making a difference for positive change in the county.

# Activity

# Updates

## July 13, 2022 - 2022 Wellness County Profiles

New Wellness County Profiles were published by OSDH Community Analysis & Linkages. Changes in measures reported in the Kingfisher CHIP included:

- By 2027, decrease rate of adult obesity from 38% to 34.2%. The Profile provided two new data points: 2019 - 40.0%; 2020 - 40.8%. The measure currently demonstrates a 7% increase (worsening). (Issue Two: Obesity; Issue Five: COVID-19, Performance Objective)
- By 2027, decrease rate of diabetes prevalence from 14.1% to 12.69%. The Profile provided two new data points: 2019 - 16.0%; 2020 - 17.4%. The measure currently demonstrates a 23% increase (worsening). (Issue Two: Obesity, Performance Objective)
- By 2027, decrease rate of adult smoking prevalence from 23.4% to 19.7%. The Profile provided two new data points: 2019 - 23.8%; 2020 - 24.8%. The measure currently demonstrates a 6% increase (worsening). (Issue Four: Smoking and Tobacco Use; Issue Five: COVID-19, Performance Objective)

In addition, the Profile published prevalence data pertaining to 'Issue One: Mental Health, Including Suicide and Opioids.'

- Depression Prevalence - 16.8%. Has improved for four consecutive years. Is better than the state rate of 22.9%.
- Mental Health Not Good (14+ days/last 30 days) - 12.2%. Trend has improved over past four years and is better than the state rate of 15.9%.

# First Annual Report

## Issue One:

# Mental Health, Including Suicide and Opioids

### Objectives:

- By 2027, decrease suicide rate from 15.7 per 100,000 population (age-adjusted) to 14.13. (Represents a 10% improvement; as reported by the Oklahoma State Department of Health OK2SHARE)

The latest data shows the suicide rate as 14.1/100,000. This represents a 10% decrease (improvement) and **meets the performance objective for this measure.**

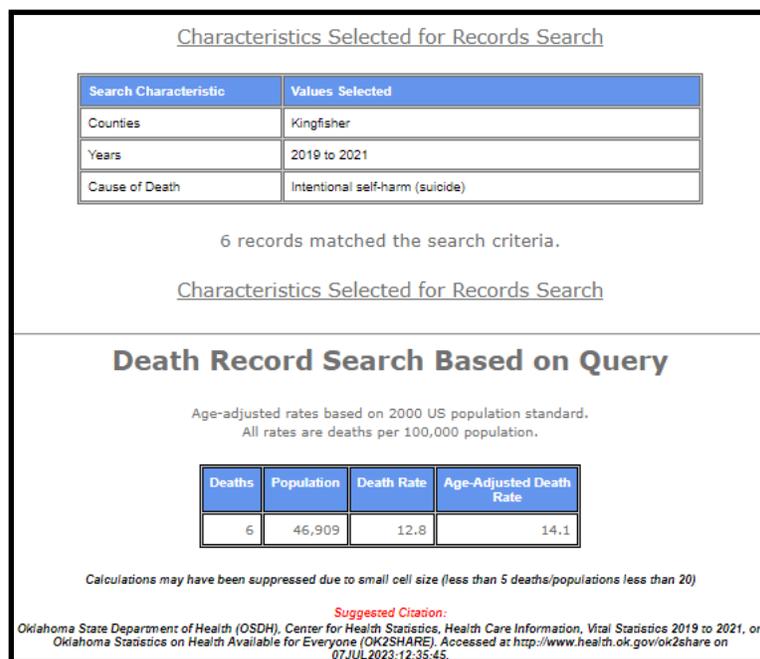


Figure 2. Kingfisher Suicide Mortality. Data taken from OSDH OK2SHARE.

- Through 2027, maintain accidental poisoning mortality at a suppressed level. (As reported by the Oklahoma State Department of Health OK2SHARE)

As of July 7, 2023, the rate of accidental poisoning remains suppressed, meaning there are less than five records within the date range of 2019 to 2021.<sup>24</sup>

24. Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information. Vital Statistics 2019 to 2021, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share> on 07JUL2023:13:08:48.

# Obesity

## Objectives:

- By 2027, decrease rate of adult obesity from 38% to 34.2%. (Represents a 10% improvement; cross cutting with COVID-19; as reported by the Oklahoma State Department of Health)

The 2022 Wellness County Profile provided by the OSDH Office of Community Analysis & Linkages reported two new data points: 2019 - 40.0% and 2020 - 40.8%. Overall, the county's obesity rate has increased (worsened) by 7%.

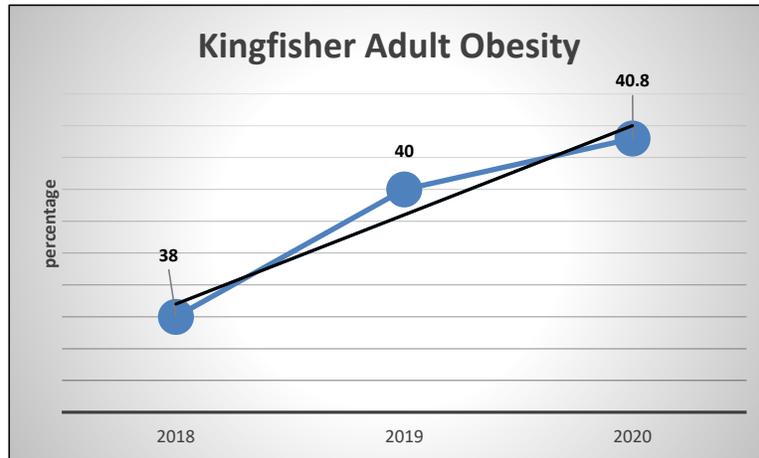


Figure 3. Kingfisher Adult Obesity. Data taken from OSDH Wellness County Profiles - Kingfisher.

- By 2027, decrease rate of diabetes prevalence from 14.1% to 12.6g%. (Represents a 10% improvement; as reported by the Oklahoma State Department of Health)

The 2022 Wellness County Profile provided by the OSDH Office of Community Analysis & Linkages reported two new data points: 2019 - 16.0% and 2020 - 17.4%. Overall, the county's diabetes prevalence has increased (worsened) by 23%.

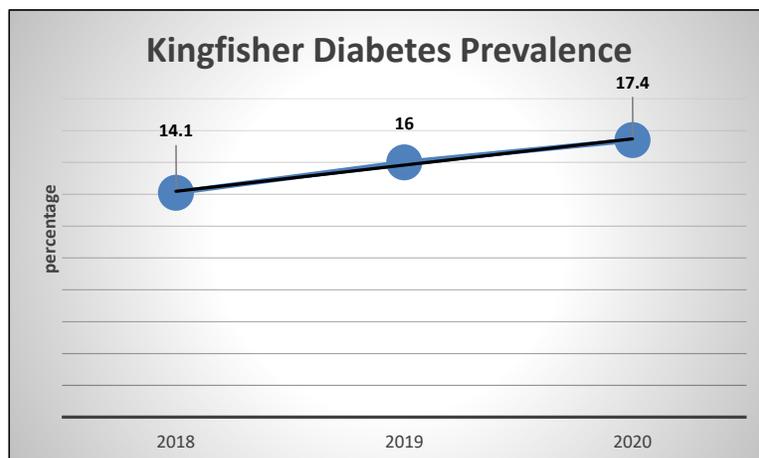


Figure 4. Kingfisher Diabetes Prevalence. Data taken from OSDH Wellness County Profiles - Kingfisher.

- By 2027, decrease diabetes mortality from 38.6 per 100,000 population (age-adjusted) to 34.74. (Represents a 10% improvement; as reported by the Oklahoma State Department of Health OK2SHARE)

The latest data shows diabetes mortality at 42.2 per 100,000 population. This represents a 9% increase (worsening).

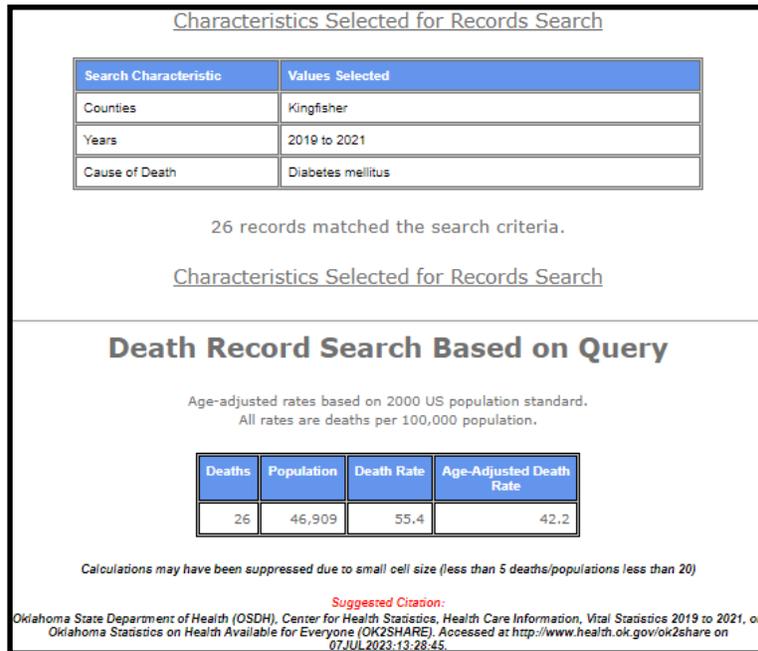


Figure 5. Kingfisher Diabetes Mortality. Data taken from OSDH OK2SHARE.

- By 2027, decrease major cardiovascular diseases mortality from 212.6 per 100,000 population (age-adjusted) to 191.34. (Represents a 10% improvement; cross cutting with Smoking and Tobacco Use; as reported by the Oklahoma State Department of Health OK2SHARE)

The latest data shows major cardiovascular diseases mortality at 219.5 per 100,000 population. This represents a 3% increase (worsening).

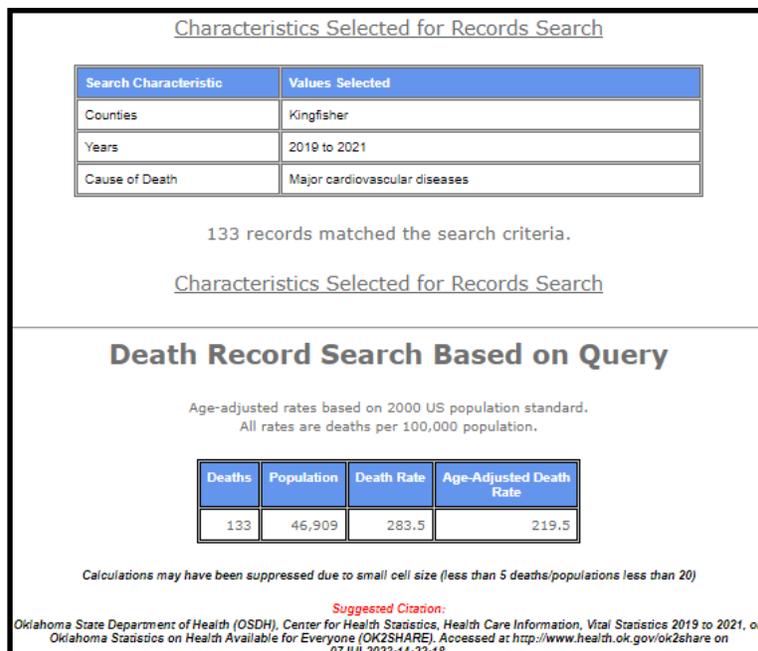


Figure 6. Kingfisher Major Cardiovascular Diseases Mortality. Data taken from OSDH OK2SHARE.

- By 2027, decrease cancer mortality from 155.2 per 100,000 population (age-adjusted) to 139.68. (Represents a 10% improvement; cross cutting with Smoking and Tobacco Use; as reported by the Oklahoma State Department of Health OK2SHARE. This rate is not specific to the 13 types of cancer linked to obesity.)

The latest data shows cancer mortality at 152.7 per 100,000 population. This represents a 2% decrease (improvement).

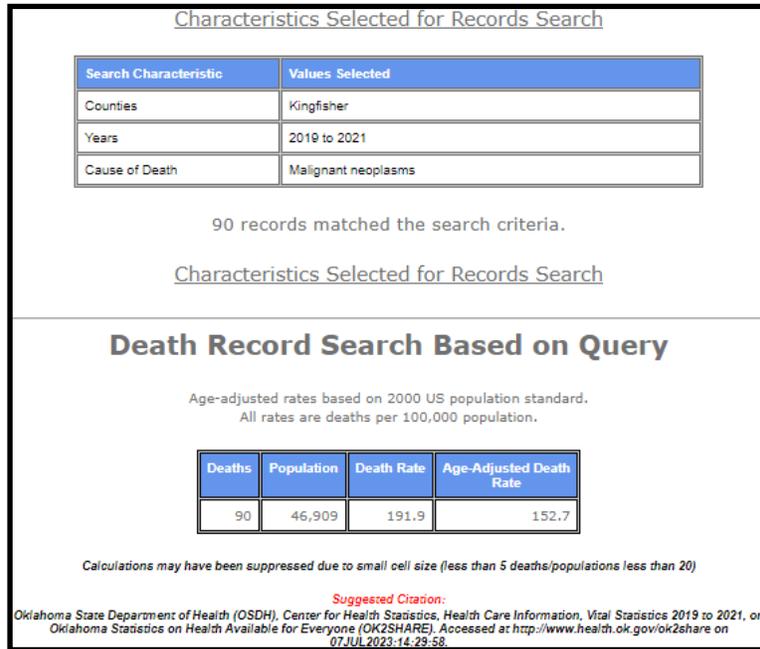


Figure 7. Kingfisher Cancer Mortality. Data taken from OSDH OK2SHARE.

# Child Abuse and Neglect

## Objectives:

- By 2027, decrease the number of child abuse and neglect confirmations from 44 to 41. (Continuation of trend demonstrated in Figure 1; as reported by the Oklahoma Department of Human Services)

As reported by the Oklahoma Department of Human Services' FY22 Annual Report, Kingfisher County had 65 substantiated reports. This was an increase (worsening) of 48%.

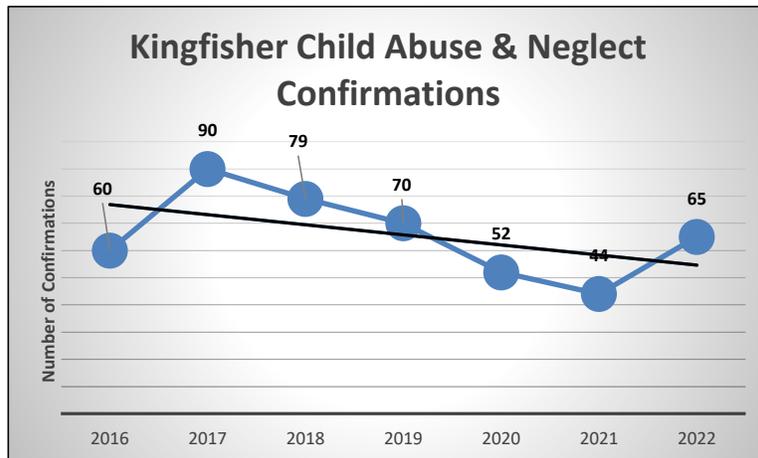


Figure 8. Kingfisher Child Abuse & Neglect Confirmations. Data taken from OKDHS.

- By 2027, decrease poverty rate from 10.3% to 9%. (Represents an approximate 10% improvement; as reported by the United States Census Bureau American Community Survey 5-Year Estimates)

The U.S. Census Bureau reports Kingfisher County's poverty rate at 10.7%.<sup>25</sup> This was an increase (worsening) of 4%.

25. Kingfisher County, Oklahoma, American Community Survey 5-Year Estimates. (2021). United States Census Bureau.

## Issue Four:

# Smoking and Tobacco Use

### Objectives:

- By 2027, decrease rate of adult smoking prevalence from 23.4% to 19.7%. (the state rate; cross cutting with COVID-19; as reported by the Oklahoma State Department of Health) (*Healthy People 2030 Tobacco Use - TU-01, TU-02, TU-03*)

The 2022 Wellness County Profile provided by the OSDH Office of Community Analysis & Linkages reported two new data points: 2019 - 23.8% and 2020 - 24.8%. Overall, the county's adult smoking prevalence has increased (worsened) by 6%.

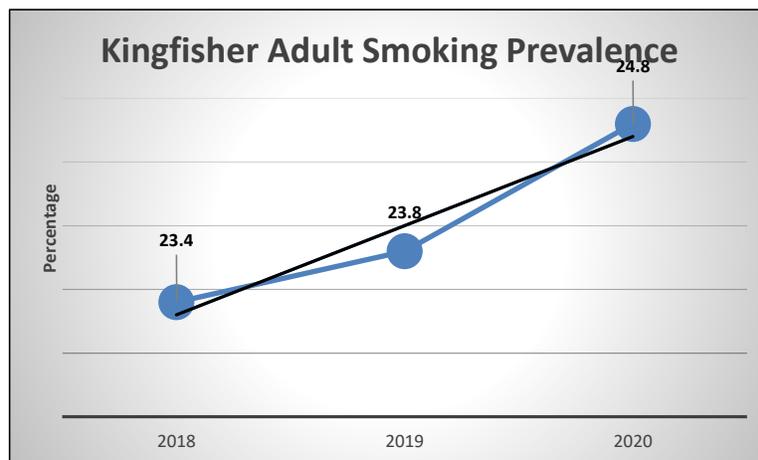


Figure 9. Kingfisher Adult Smoking Prevalence. Data taken from OSDH Wellness County Profiles - Kingfisher.

- By 2027, decrease major cardiovascular diseases mortality from 212.6 per 100,000 population (age-adjusted) to 191.34. (Represents a 10% improvement; cross cutting with Obesity; as reported by the Oklahoma State Department of Health OK2SHARE)

The latest data shows major cardiovascular diseases mortality at 219.5 per 100,000 population. This represents a 3% increase (worsening). (page 25)

- By 2027, decrease cancer mortality from 155.2 per 100,000 population (age-adjusted) to 139.68. (Represents a 10% improvement; cross cutting with Obesity; as reported by the Oklahoma State Department of Health OK2SHARE. This rate is not specific to the 13 types of cancer linked to obesity.) (*Healthy People 2030 Tobacco Use - C-02*)

The latest data shows cancer mortality at 152.7 per 100,000 population. This represents a 2% decrease (improvement). (page 26)

# COVID-19

**Objectives:**

- By 2027, decrease COVID-19 mortality rate from 233.9 per 100,000 population (age-adjusted) to 188. (the state rate; as reported by the Oklahoma State Department of Health OK2SHARE) (*Healthy People 2030 Tobacco Use - TU-01, TU-02, TU-03*)

Preliminary numbers indicate Kingfisher County’s rate of COVID-19 mortality to be 130.1 per 100,000 population. This exceeds the performance objective for this measure. However, these numbers are subject to change.

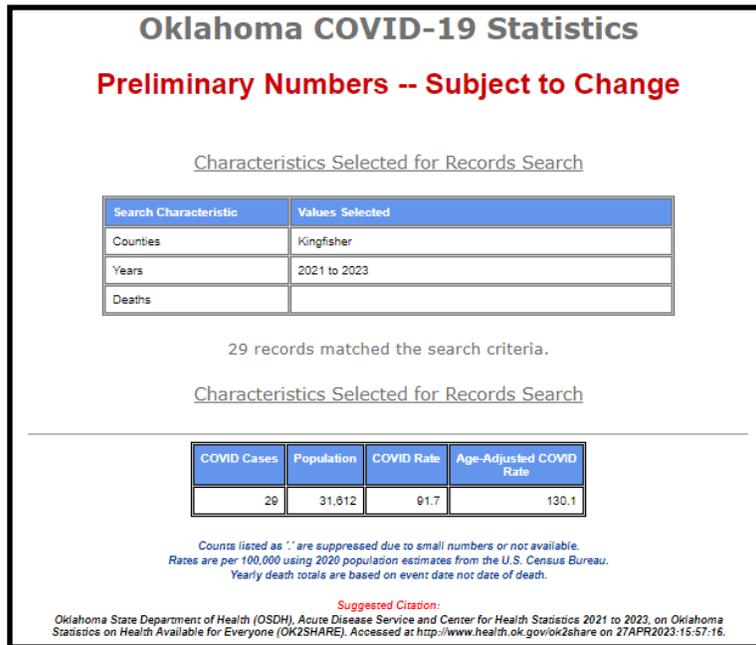


Figure 10. Kingfisher COVID-19 Mortality. Data taken from OSDH OK2SHARE.

- By 2027, decrease COVID-19 incidence rate from 6,754.4 per 100,000 population (age-adjusted) to 6,521.2. (the state rate; as reported by the Oklahoma State Department of Health OK2SHARE)

Preliminary numbers indicate Kingfisher County’s rate of COVID-19 incidence to be 8,027.5 per 100,000 population. This is a 19% increase (worsening) in COVID cases. Given that these numbers are preliminary and subject to change, and they have changed considerably, it is difficult to assess this outcome other than the obvious observation that this increase is considerable.

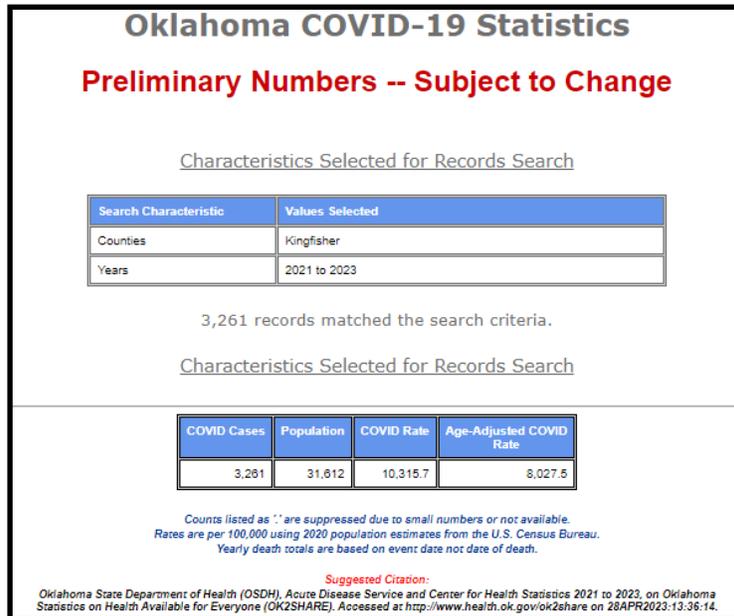


Figure 11. Kingfisher COVID-19 Incidence. Data taken from OSDH OK2SHARE.

- By 2027, decrease rate of adult obesity from 38% to 34.2%. (Represents a 10% improvement; cross cutting with Obesity; as reported by the Oklahoma State Department of Health)

The 2022 Wellness County Profile provided by the OSDH Office of Community Analysis & Linkages reported two new data points: 2019 - 40.0% and 2020 - 40.8%. Overall, the county’s obesity rate has increased (worsened) by 7%. Refer to Figure 2 on page 24.

- By 2027, decrease rate of adult smoking prevalence from 23.4% to 19.7%. (the state rate; cross cutting with Smoking and Tobacco Use; as reported by the Oklahoma State Department of Health) (*Healthy People 2030 Tobacco Use - TU-01, TU-02, TU-03*)

The 2022 Wellness County Profile provided by the OSDH Office of Community Analysis & Linkages reported two new data points: 2019 - 23.8% and 2020 - 24.8%. Overall, the county’s adult smoking prevalence has increased (worsened) by 6%. Refer to Figure 5 on page 27.

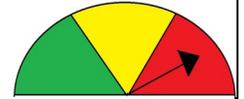
## Summary:

### Mental Health, Including Suicide and Opioids



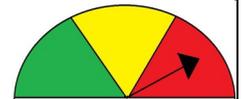
The suicide rate improved by 10% and met the performance objective. Accidental poisoning mortality was still suppressed, meaning there were fewer than five incidents from 2019 to 2021.

### Obesity



Adult obesity increased 7%. Diabetes increased by 23%. Diabetes and major cardiovascular diseases mortality increased. One good piece of news was that cancer mortality went down.

### Child Abuse and Neglect



The number of confirmed cases of child abuse and neglect increased by 48%. There is no other way to view this other than "bad." However, the overall trend for the past seven years is improving.

### Smoking and Tobacco Use



The rate of adult smoking prevalence has increased (worsened) by 6%. Furthermore, the trend demonstrates a steady increase. It also corresponds to increasing mortality rates for major cardiovascular diseases and cancer.

### COVID-19



As indicated by Figures 10 and 11, the data for this strategic issue is preliminary and subject to change. It is, therefore, difficult to reliably assess what the numbers may be telling us. But the decrease in COVID mortality is reason enough to feel good about this strategic issue's progress.

COVID Mortality is provided through OK2SHARE Registries, not through Vital Statistics.

# Technical Notes

Prevalence data for adult obesity, diabetes, and adult smoking prevalence come from the Oklahoma Behavioral Risk Factor Surveillance System (BRFSS). OK2SHARE, the OSDH public health data portal, provides BRFSS data within its Health Surveys products. However, it is provided by entire state or by region (Northwest, Northeast, Tulsa, Central, Southwest, Southeast). It is not provided by county. Therefore, we rely on OSDH Center for Health Statistics to provide county BRFSS data. Adult obesity prevalence and adult tobacco prevalence are published more frequently by county within various OSDH reports.

Mortality data for state and county estimates were obtained from OK2SHARE. State data represent deaths for calendar year, while county-level data reflect a three-year period. Age-adjusted rates used the 2000 US Standard Population method.

Child abuse and neglect confirmations were obtained from the Oklahoma Department of Human Services.

Poverty rate was obtained from the United States Census Bureau American Community Survey 5-Year Estimates.

COVID-19 incidence rate (age-adjusted) was obtained from OK2SHARE.

## Indicator Details

Accidental Poisoning Mortality	Deaths due to unintentional poisoning (Age Adjusted Mortality Rate per 100,000 population) in Kingfisher County. Source: OK2SHARE, Vital Statistics, Death.
Adult Obesity	Percent of adults residing in Kingfisher County that have a Body Mass Index (BMI) greater than or equal to 30. Source: BRFSS.
Adult Smoking	Percent of adults residing in Kingfisher County that reported currently smoking. Source: BRFSS.
Cancer Mortality	Deaths due to malignant neoplasm (cancer) in Kingfisher County (Age Adjusted Mortality Rate per 100,000 population). Source: OK2SHARE, Vital Statistics, Death.
Child Abuse/Neglect Confirmations	Number of cases in Kingfisher County determined, after an investigation of a report of child abuse or neglect and based upon some credible evidence, that child abuse or neglect has occurred. Source: Oklahoma Department of Human Services.
COVID-19 Incidence	Infections due to COVID-19 in Kingfisher County (Age Adjusted Rate per 100,000 population). Source: OK2SHARE, Registries, COVID-19.
COVID Mortality	Deaths due to COVID-19 in Kingfisher County (Age Adjusted Mortality Rate per 100,000 population). Source: OK2SHARE, Registries, COVID-19.
Diabetes Mortality	Deaths due to Diabetes Disease (Age Adjusted Mortality Rate per 100,000 population) in Kingfisher County. Source: OK2SHARE, Vital Statistics, Death.
Diabetes Prevalence	Percent of adults residing in Kingfisher County that reported having Diabetes. Source: BRFSS.

Major Cardiovascular Diseases Deaths due to major cardiovascular diseases in Kingfisher County (Age Adjusted Mortality Rate per 100,000 population). Source: OK2SHARE, Vital Statistics, Death.

Poverty An individual with an income of less than \$36 per day or a family of four with an income of less than \$72 per day. Source: United States Census Bureau.

Suicide Suicide deaths in Kingfisher County (Age Adjusted Mortality Rate per 100,000 population). Source: OK2SHARE, Vital Statistics, Death.

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Figure 1. Kingfisher Child Abuse & Neglect Confirmations. Data taken from OKDHS.

Figure 2. Kingfisher Suicide Mortality. Data taken from OSDH OK2SHARE.

Figure 3. Kingfisher Adult Obesity. Data taken from OSDH Wellness County Profiles - Kingfisher.

Figure 4. Kingfisher Diabetes Prevalence. Data taken from OSDH Wellness County Profiles - Kingfisher.

Figure 5. Kingfisher Diabetes Mortality. Data taken from OSDH OK2SHARE.

Figure 6. Kingfisher Major Cardiovascular Diseases Mortality. Data taken from OSDH OK2SHARE.

Figure 7. Kingfisher Cancer Mortality. Data taken from OSDH OK2SHARE.

Figure 8. Kingfisher Child Abuse & Neglect Confirmations. Data taken from OKDHS.

Figure 9. Kingfisher Adult Smoking Prevalence. Data taken from OSDH Wellness County Profiles - Kingfisher.

Figure 10. Kingfisher COVID-19 Mortality. Data taken from OSDH OK2SHARE.

Figure 11. Kingfisher COVID-19 Incidence. Data taken from OSDH OK2SHARE.

# Version History

The version numbering is as follows:

- The initial version is 1.0
- After the baseline (v 1.0), all subsequent minor changes should increase the version number by 0.1
- After the baseline (v 1.0), all subsequent major changes should increase the version number by 1.0

Version Number	Change Request Number (if applicable)	Accepted Date	Author	Summary of Change
1.0		7/11/2022	Mikeal Murray	Release of initial document
1.1		7/13/2022	Mikeal Murray	New data entered in Updates
2.0		7/7/2023	Mikeal Murray	First Annual Report

Notes:

# Kingfisher County Community Health Improvement Plan

For more information or to get involved, contact:

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**City Clerk**

**City of Kingfisher**

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**(405) 375-3705**

**[kingfisher.org](http://kingfisher.org)**

**Blair Coughlan, Coalition Vice-Chair**

**Health Educator**

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